

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 22 PM 4:00

DOCUMENT # L45951

1. Corporation Name

B & B DISTRIBUTORS, INC

2. Principal Office Address

721 ORANGE AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FLA

City & State

DAYTONA BEACH, FLA

Zip

Country

32114

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEL Number

59-299-1784

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BENJAMIN G. ANDERSON

Street Address (P.O. Box Number is Not Acceptable)

1912 FRANK PLACE

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32119

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Benjamin G. Anderson

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PRES BENJAMIN G. ANDERSON - 1912 FRANK PLACE - DAYTONA BEACH, FLA 32119

PRES JAMES L. KIRBY - 2274 ORIDLE LAKE SO. DAYTONA, FLA 32119

PRES M. J. KIRBY - 2274 ORIDLE LAKE SO. DAYTONA, FLA 32119

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

M. J. KIRBY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/1/02 386-257-5338

Daytime Phone #

CR2E081 (9/01)